

| CLAIMS ONLY | | | | | | | Application Number 101580770 | | Filing Date | | | |
|---|----------|--------|-----------------------|--------|------------------------|--------|---------------------------------|--------|-------------|--------|-------|--------|
| | | | | | | | Applicant(s) | | | | | |
| * May be used for additional claims or amendments | | | | | | | | | | | | |
| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | | * | | * | | * | |
| | Indep | Depend | Indep | Depend | Indep | Depend | Indep | Depend | Indep | Depend | Indep | Depend |
| 1 | 1 | | | | | | 61 | | | | | |
| 2 | | | | | | | 62 | | | | | |
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| 6 | 1 | | | | | | 66 | | | | | |
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| 8 | 1 | | | | | | 68 | | | | | |
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| 14 | 1 | | | | | | 74 | | | | | |
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| Total Indep | 3 | | | | | | Total Indep | | | | | |
| Total Depend | 0 | | | | | | Total Depend | | | | | |
| Total Claims | 3 | | | | | | Total Claims | | | | | |